

# STATE OF NEVADA

## REGISTRATION

### SUBSTITUTE IRS FORM W-9



**Mail or fax to:**  
**STATE CONTROLLER'S OFFICE**  
 555 E WASHINGTON AVE STE 4300  
 LAS VEGAS NV 89101-1071  
**PHONE: 702/486-3810 or 702/486-3856**  
**FAX: 702/486-3813**

*Asterisked (\*) sections are mandatory and require completion.*

**1. \*NAME** For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
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**2. \*ADDRESS/CONTACT INFORMATION**

Address A – Physical address of

☐ Company Headquarters ☐ Individual's Residence

Is this a US Post Office deliverable address? ☐ Yes ☐ No

Address B

☐ Additional Remittance – PO Box, Lockbox or another physical location.

Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail Address			E-mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact			Primary Contact		

**3. \*ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)** Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN)	<input type="checkbox"/> LLC How does LLC report to IRS? <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>SSN</b>
		Name associated with SSN:
		<b>EIN</b>
		New TIN? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date.
		Previous TIN: _____ Date: _____

**OTHER INFORMATION** Check **all** that apply.

<input type="checkbox"/> Doctor or Medical Facility	<input type="checkbox"/> In-State (Nevada)
<input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> DBE Certificate #:

**4. ELECTRONIC FUNDS TRANSFER PREFERENCE** Do you want payments to be directly deposited into your bank account?

☐ Yes – Complete the following information **and** provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on letterhead. **A deposit slip will not be accepted.** For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation must match. Allow 10 working days for activation.

☐ No - Go directly to section 5 – **IRS Form W-9 Certification and Signature.**

The information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both		
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Select only one:</b> Send Direct Deposit Remittance Advices by <input type="checkbox"/> US mail <input type="checkbox"/> E-mail to _____ <i>E-mail address must be 30 characters or less.</i>
Transit Routing Number	Bank Account Number	

**5. \*IRS FORM W-9 CERTIFICATION AND SIGNATURE**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev October 2007).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature	Print Name & Title of Person Signing Form	Date
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**FOR STATE CONTROLLER'S OFFICE USE ONLY**

Name of State agency  
contact & phone number:

Primary 1099 Vendor ☐ 1099 Indicator ☐ Yes ☐ No  
Entered By \_\_\_\_\_ Date \_\_\_\_\_

Comments

## Registration Instructions

### General Instructions:

1. The substitute IRS Form W-9 is for the use of United States entities only. Non-US entities must submit an IRS Form W-8.
2. Type or legibly print all information except for signature.
3. Asterisked (\*) sections or items are mandatory and require completion. Sections or items without an asterisk are optional.

### Specific Information:

#### 1. \*NAME

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

#### 2. \*ADDRESS/CONTACT INFORMATION

- a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.*  
Company – Provide physical location of company headquarters.  
Individual – Provide physical location of residence.  
E-mail – Provide complete e-mail address when available.  
Telephone Number – Include area code.  
Fax Number – Include area code.  
Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
- b. Address B – Provide additional remittance address and related information when appropriate.

#### 3. \*ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

- a. Individual – A person that has no association with a business.
- b. Proprietorship – A business owned by one person.
- c. Partnership – A business with more than one owner and not a corporation.
- d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
- e. LLC – Limited Liability Company. ***Must mark appropriate classification – disregarded entity, partnership or corporation.***
- f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.
- g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
- h. Doctor or Medical Facility – Person or facility related to practice of medicine.
- i. Attorney or Legal Facility – Person or facility related to practice of law.
- j. In-state – Nevada entity.
- k. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. ***Provide certification number.*** See <http://www.nevadadbe.com> for certification information.
- l. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS. ***Per the IRS, use the owner's social security number for a proprietorship.***

#### 4. ELECTRONIC FUNDS TRANSFER PREFERENCE

Electronic Funds Transfer (EFT) is optional. However, it is the preferred method of payment to all payees of the State of Nevada. Provide a copy of a voided imprinted check or restate bank information on letterhead. ***A deposit slip will not be accepted.***

- a. \*Bank Name – The name of the bank where account is held.
- b. \*Bank Account Type – Indicate whether the account is checking or savings.
- c. \*Transit Routing Number – Enter the 9-digit Transit Routing Number.
- d. \*Bank Account Number – Enter bank account number.
- e. \*Direct Deposit Remittance Advice – Select the preferred method for receiving remittance advices. E-mail address must be 30 characters or less. Companies should provide an address that will not change, i.e. [accounting@business.com](mailto:accounting@business.com).

#### 5. \*IRS FORM W-9 CERTIFICATION AND SIGNATURE

- a. The Certification is copied from IRS Form W-9 (rev. October 2007). See IRS Form W-9 for further information.
- b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- c. Print the name and title, when applicable, of the person signing the form.
- d. Enter the date the form was signed. Forms over three years old will not be processed.

**Do not complete any remaining areas. They are for State of Nevada use only.**

Mail or Fax signed form to:

NEVADA STATE CONTROLLER'S OFFICE  
555 E WASHINGTON AVE STE 4300  
LAS VEGAS NV 89101-1071  
Fax: 702/486-3813

**Sending to any other location will delay processing.**

**Questions can be directed to 702/486-3810 or 702/486-3856 or e-mailed to [vendordesk@controller.state.nv.us](mailto:vendordesk@controller.state.nv.us).**